

Died at

Date 1903

Male

~~Female~~~~Husband~~
of~~Wife~~

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lustrous Anderson

Town

County

Fruitland Nicomico

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

5-11-24

Md.

~~Married~~~~Widow~~~~Divorced~~

Single

~~Widower~~

Number of children living

106

Mother's

Maiden Name

Anna Belle Anderson

Primary

Immediate

Ecto-Enteritis Infection
Toxaemia & Heart Failure

How long sick

1 week

Accident, Suicide, Homicide

Louis W. Morris

Bellevue Md.



Name

File

CERTIFICATE OF DEATH

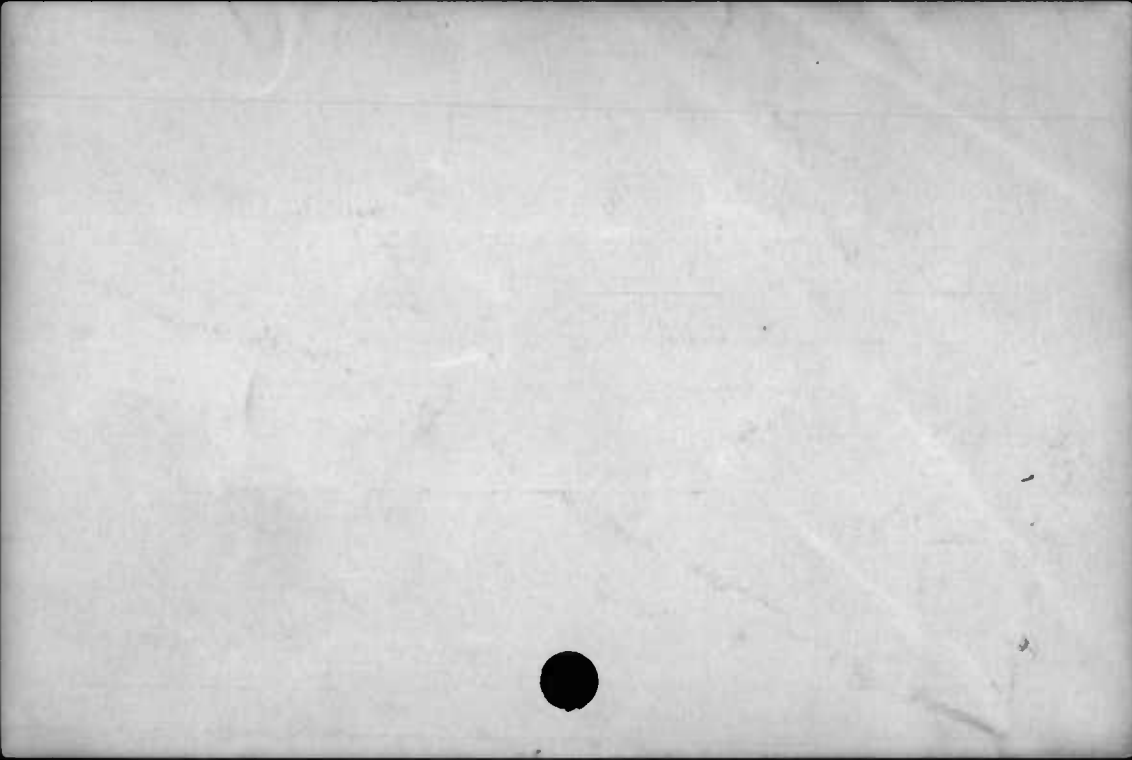
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1903	Month	Dec	Day	21	Age	Years
Sex	Male	Color or Race	White	Birth-place	Salisbury	Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name in Full

Certificate of Death

Thomas J. Brown

Town

County

Died at

Allen

Ancomica

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Oct 20

Age

76

Md.

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Four

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr. J. J. Long of Allen
attended or was to see him
in his death sickness

G. C. H.

Name In Full Lilly Cotton
 Town Salisbury County Wicomico
 Died at Salisbury MARYLAND
 Month Oct Day 1st Y. 1903 M. 30 D. 3 Native of _____ Occupation _____
 Date 19 03 Oct 1st Age 30-3
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored ~~Single~~ Widower Number of children living 2
~~Husband~~ of Samuel B. Cotton
 Wife 29
 Father's Name _____ Mother's Name _____
 Maiden Name _____
 Cause of Death { Primary Tuberculosis (intestinal) How long sick 1 year
 Immediate Exhaustion Accident, Suicide, Homicide _____
 Reported by Dr. J. H. Smith
 Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George Sashill

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Oct

15

Age

35

Marines

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living 6

Husband of

Henry Sashill

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

appendicitis

Death

Immediate

Peritonitis

How long sick

5 days

Accident, Suicide, Homicide

Reported by

L. C. Freeman

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jane Benson

Town

County

MARYLAND

Died at

Salisbury

Wicomico County

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Oct

25

Age 70

- -

Maryland

Housekeeper

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of Not Known

Wife

Father's

Name

Not Known

Mother's

Maiden Name

Jane Benson

Cause of

Primary

Probably old age

How long sick

Five days only

Death

Immediate

Suddenly

Accident, Suicide, Homicide

Reported by

Jesse Elliott

Geo. C. Hill

Address

Salisbury, Md

Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

Salisbury, Md.

The foundation was taken from the

stone of the Court by James Elliot

and died suddenly at his home on Sunday

morning October 25th 1903. I was called on

to undertake the funeral service. but thought as

myself was not necessary.

W A Jackson

Name in Full

Certificate of Death

Samuel Evans
 Town County

Died at

Quantico
 Month Day Y. M. D. Wisconsin

MARYLAND

Date

1903 Oct 27

Age 50

Occupation

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
 of

Wife

Father's

Name

Don't know

Mother's

Name

Don't know

Cause of

Primary

Death

Immediate

Dropsy

177

How long sick

Accident, Suicide, Homicide

Reported by

Wm. H. H. Dashiell M.D.

Address

Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

Town

County

MARYLAND

Died at *Hebron**Wicomico*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

oct. 29

Age

*2, 3, 0**Wicomico*~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~~~Number of child living~~

Husband of

~~Wife~~Father's Name *George German*

Mother's Maiden Name

Mary Haddock

Cause of

Primary

Diphtheritic Croup

How long sick

2 or 3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant

CERTIFICATE OF DEATH

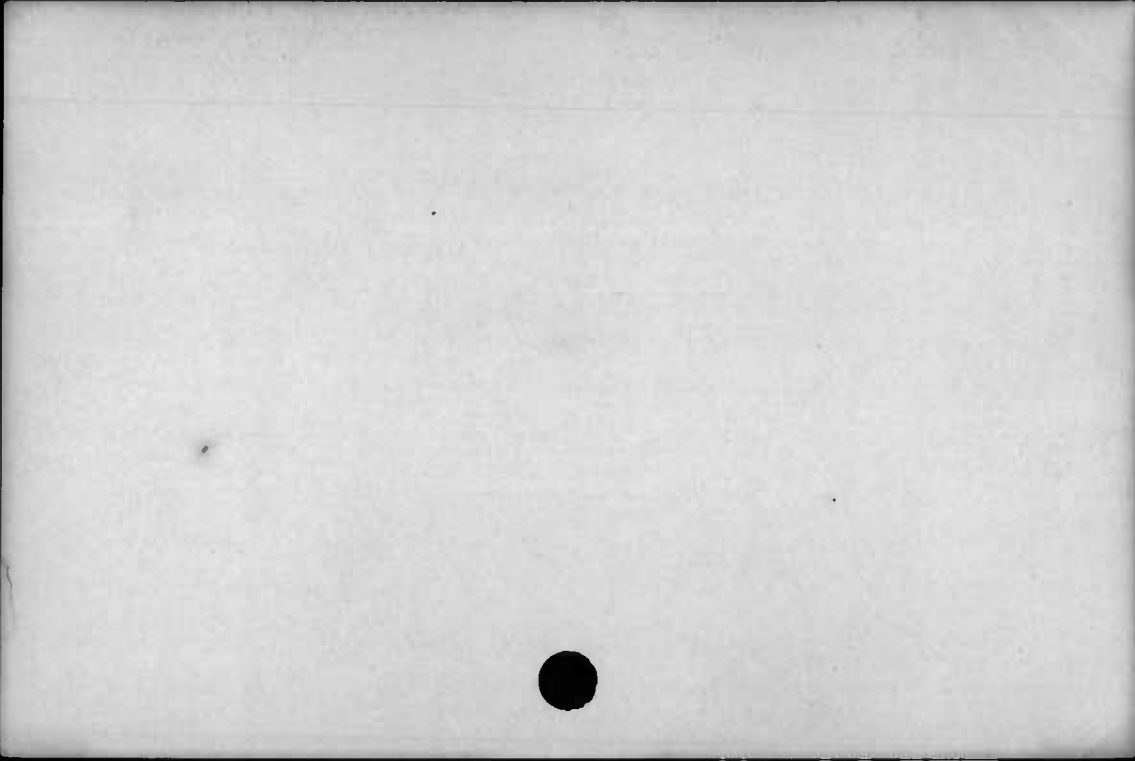
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>23</i>	Age	Years	Months <i>7</i> Days
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>Salisbury</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Russell Pearson</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Russell Pearson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>1 day</i>
Immediate <i>Shadows</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. G. Holloman, M.D.</i>
	Address <i>Salisbury Md</i>
	<i>Dr. Holloman</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

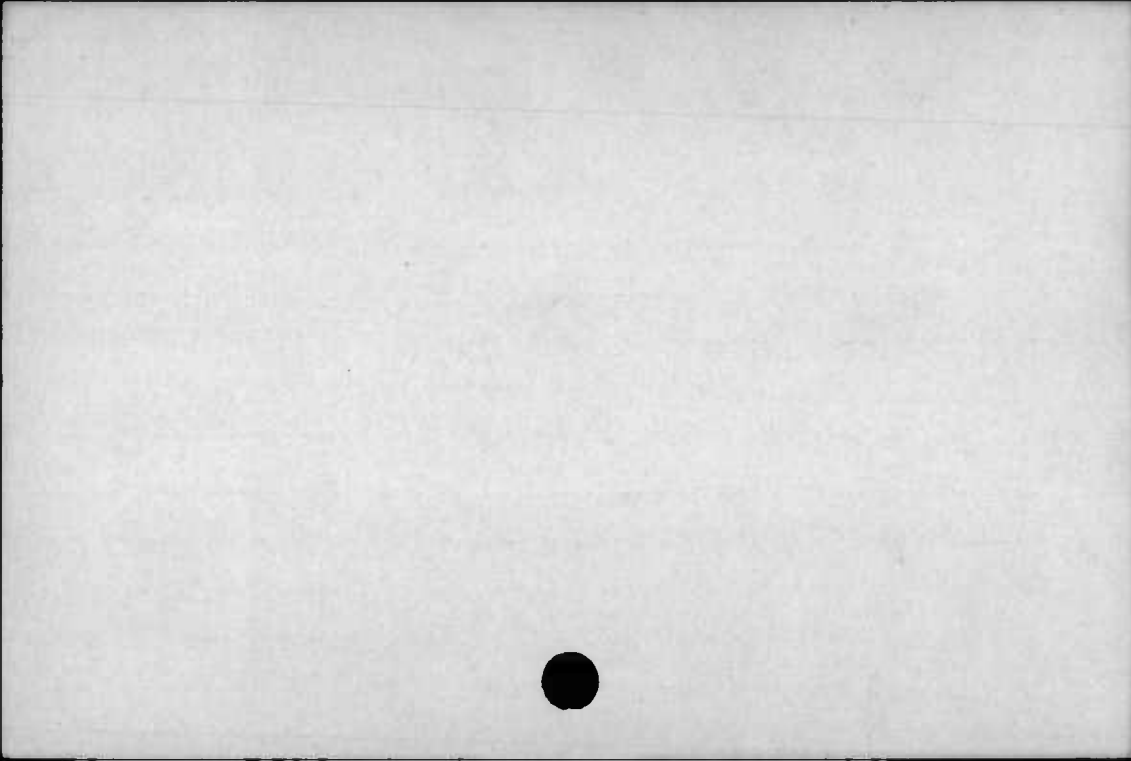
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1903	Month	Oct	Day	9	Age	51
Sex		Male		Color or Race		Colored	
Occupation		Carpenter		Where Residing if not at place of death		Salisbury Md	
Married, Single or Widowed		Widowed		Name or Wife or Husband			
Father's Name		William Henry		Father's Birthplace		Md	
Mother's Maiden Name		Clara A. Berry		Mother's Birthplace		Md	
Name of person giving information		Alexander Harris		How related to deceased		Brother in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(?)	How long	
Immediate	Heart Paralysis	How long	after minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Willie Mills

Town

County

Died at

Quantico

Wicomico

MARYLAND

Date

1903 Oct 9

Y. M. D.

Native of

Occupation

Age

6 months

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Mills

Mother's

Name

Annie Mills

How long sick

Cause of

Primary

Death

Immediate

Convulsions from Fever

Accident, Suicide, Homicide

Reported by

Am H. H. Dashiell M D

Address

Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Linden James Short.

Town

County

MARYLAND

Died at

Delmar, Delaware

Date 19

13

Month

Day

Oct 15

Age

14 3 24

Native of

Del

Occupation

School

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

00000

Husband

of

Wife

Father's

Name

James M. Short

Mother's

Maiden Name

Elizabeth A. Short

Cause of

Primary

Typhoid Fever

How long sick

21 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Robert Ellwood M.D.

Address

Delmar Del

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76006



Name
in
Full

CERTIFICATE OF DEATH

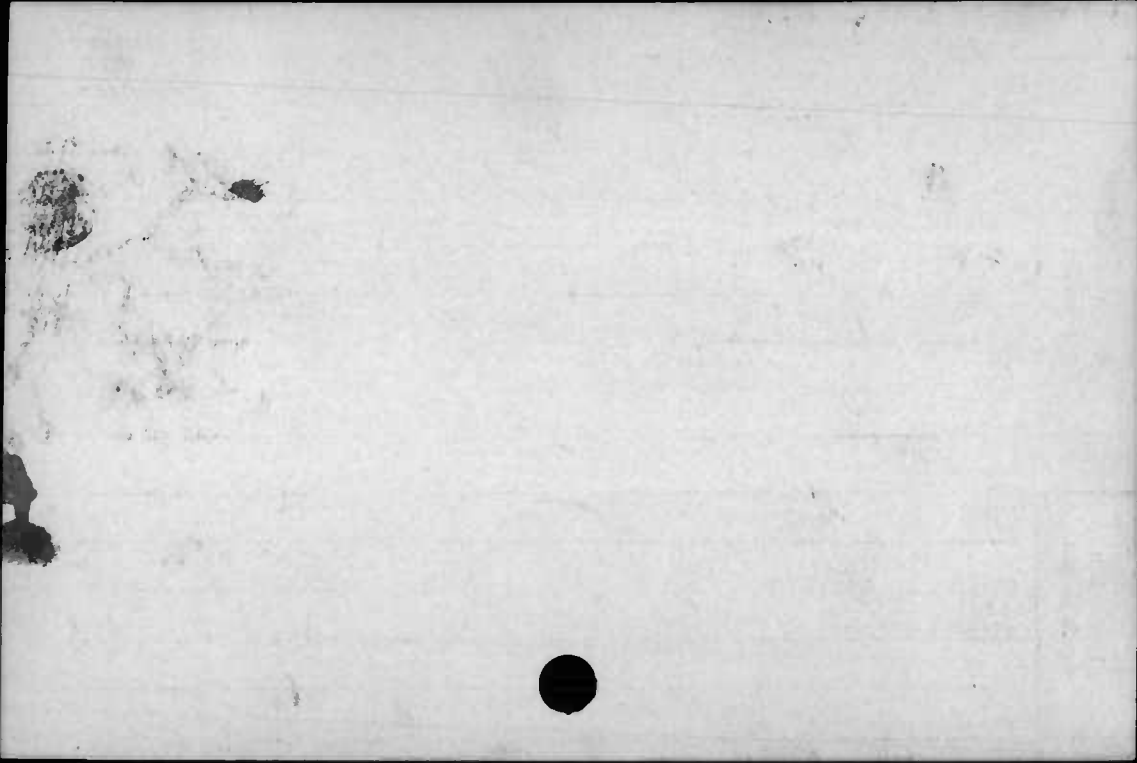
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bowellville</i>		County <i>Wicomico</i>		MARYLAND		
Date of death		1903	Month <i>Oct</i>	Day <i>29</i>	Age	Years	Months	Days
Sex <i>Girl</i>		Color or Race <i>White</i>		Birth-place <i>Bowellville</i>				
Occupation				Where Residing if not at place of death <i>Place of death</i>				
Married, Single or Widowed		Name of Wife or Husband						
Father's Name <i>Baucham Smith</i>		Father's Birthplace <i>Worcester</i>						
Mother's Maiden Name <i>Jda Wilkins</i>		Mother's Birthplace <i>Worcester</i>						
Name of person giving information				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>died born</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

John Truitt

CERTIFICATE OF DEATH

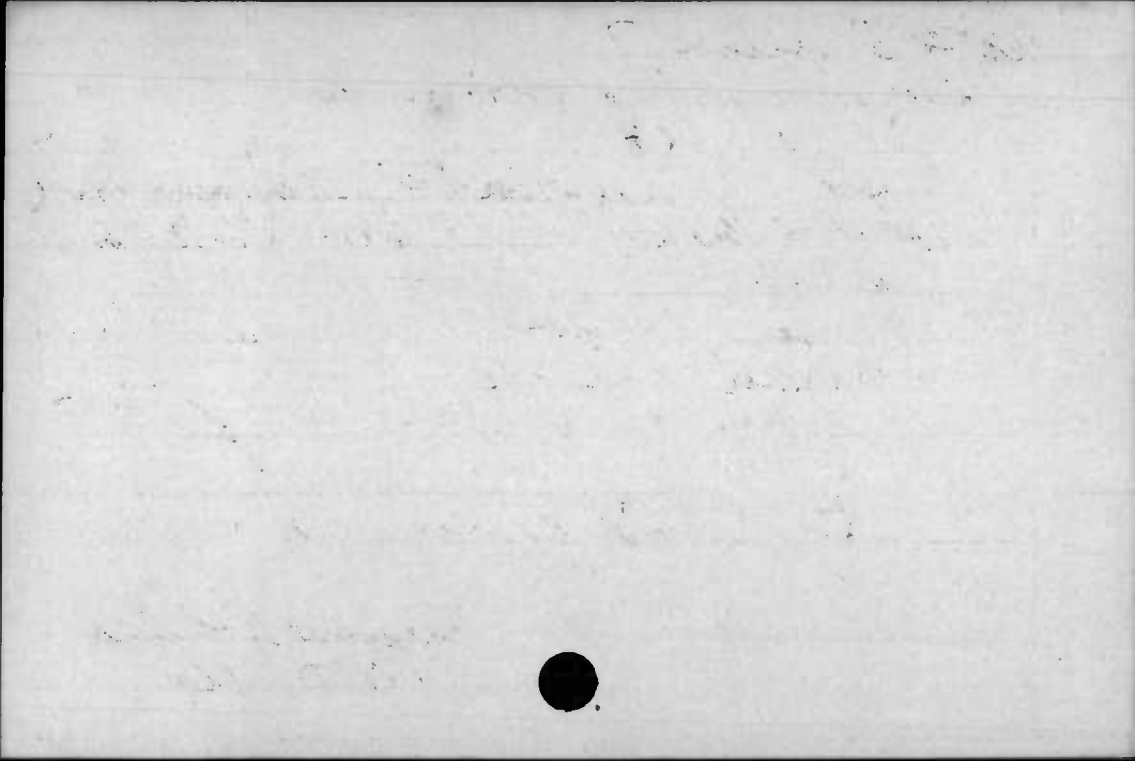
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Wilkesboro</i> ^{County} <i>Wilkes</i>		MARYLAND	
Date of death	<i>1903</i>	^{Month} <i>Oct</i>	^{Day} <i>6</i>
		^{Years} <i>19</i>	^{Months} <i>11</i>
		^{Days} <i>11</i>	
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	<i>farm hand</i>	Birth-place	<i>Wilkesboro, N.C.</i>
Where Residing if not at place of death	<i>near Powellville</i>		
Married, Single or Widowed	<i>Single</i>	Name or Wife or Husband	
Father's Name	<i>James Truitt</i>		Father's Birthplace <i>Wilkesboro, N.C.</i>
Mother's Maiden Name	<i>Eliza Lewis</i>		Mother's Birthplace
Name of person giving information	<i>James Truitt</i>		How related to deceased <i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>4 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Edmund Collins</i>
		Address	<i>Pittsboro</i>
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

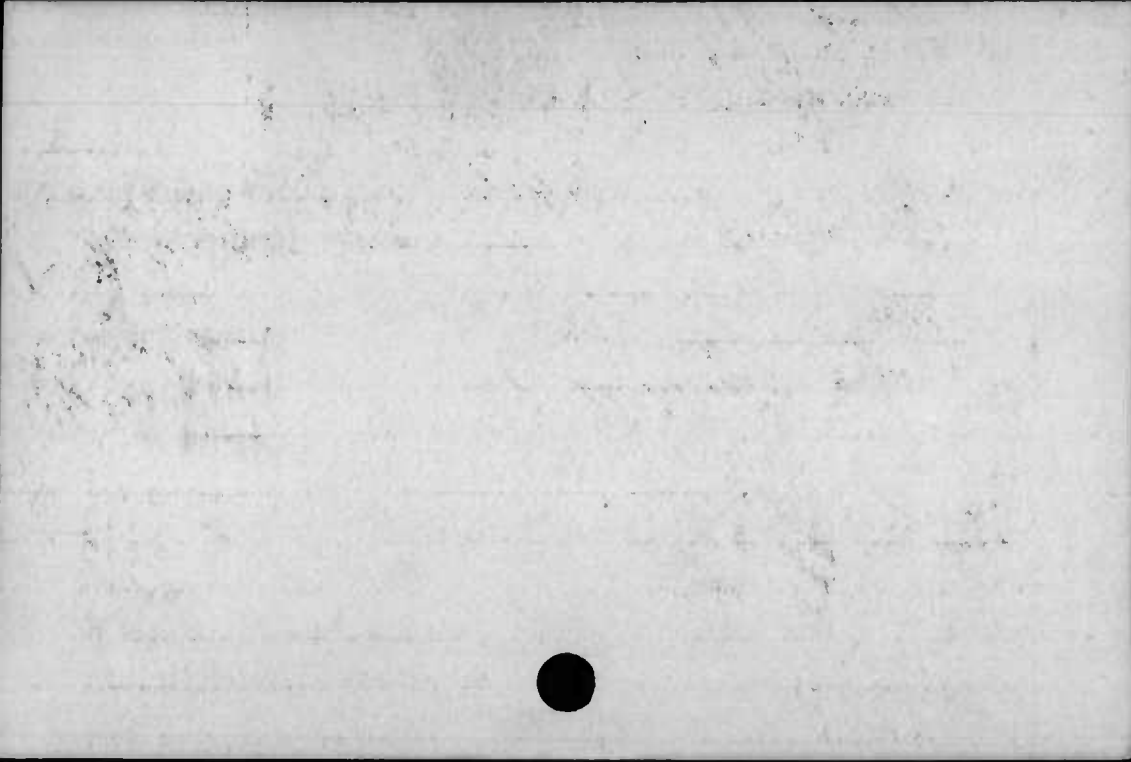
TO BE ANSWERED BY
NEAREST FRIEND

Johnnie Truitt		Town		County		MARYLAND	
Died at <i>near Powellville</i>		<i>Wicomico Co</i>					
Date of death	1903	Month	<i>Oct</i>	Day	<i>4</i>	Years	<i>13</i>
						Months	<i>11</i>
						Days	<i>15</i>
Sex	<i>boy</i>	Color or Race	<i>White</i>		Birth-place	<i>Powellville</i>	
Occupation	<i>farming</i>		Where Residing if not at place of death		<i>where he died</i>		
Married, Single or Widowed	<i>Single</i>		Name or Wife or Husband				
Father's Name	<i>James Truitt</i>				Father's Birthplace	<i>St Pleasant</i>	
Mother's Maiden Name	<i>Lizzie Truitt</i>				Mother's Birthplace	<i>Whitson</i>	
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>21 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Lemuel Collins</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1903		Oct	16	14	4	20	
Sex	Color or Race	Birth-place					
boy	White	Wicomico					
Occupation	Where Residing if not at place of death						
farmer	Pawellville						
Married, Single or Widowed	Name or Wife or Husband						
Father's Name	Father's Birthplace						
James Bruntt	Pawellville						
Mother's Maiden Name	Mother's Birthplace						
Eliza Bruntt							
Name of person giving information	How related to deceased						
James Bruntt	father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Typhoid fever	4 weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Lemuel Collins
	Address
	Pittsville Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

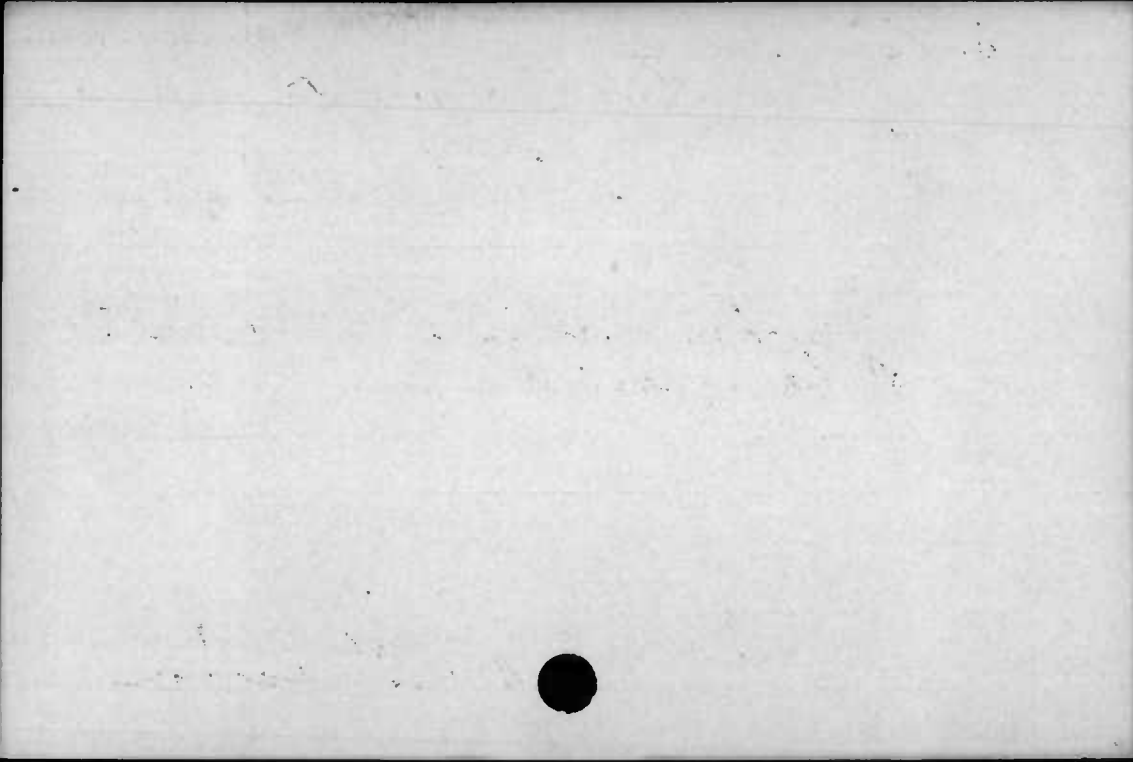
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Powellville</i>		Town <i>Wisconsin</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>28</i>	Age <i>14</i>	Years	Months <i>4</i>	Days <i>20</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>farm hand</i>	Where Residing if not at place of death <i>Near Powellville</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>James Truitt</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Eliza Lewis</i>	Mother's Birthplace						
Name of person giving information <i>James Truitt</i>	How related to deceased <i>father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lemuel Collins</i>	
	Address <i>Pittsville</i>	
Accident or Suicide?		



Name In Full

Certificate of Death

if living Wm. Chas. Walls

Died at Salisbury Wicomico County MARYLAND

Date 1903 Oct 26 Age 0 Native of MD Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ Male

Husband of
 Wife of

Father's Name Chas. Walls Mother's Maiden Name Mamie Jones

Cause of Death Primary Immediate Still Born How long sick
 Accident, Suicide, Homicide

Reported by F. M. Clemmons

Address Salisbury MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i>	Month <i>Oct</i>	Day <i>30</i>	Age <i>24</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>—</i>		
Married, Single on Widowed		Occupation <i>housewife</i>			
Name of wife or Husband <i>Warren Winder</i>		<i>B</i>			
F. Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Dr. Henry of P. G. Hospital</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Port of death (syphilitic)</i>	How long <i>about 1 hour</i>
Immediate <i>Septic intoxication</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. C. W. Smith</i>
	Address <i>Salisbury, Md</i>
Accident or Suicide? <i>No</i>	

